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SAQMMA09F0554

ORDER FOR SUPPLIES OR SERVICES

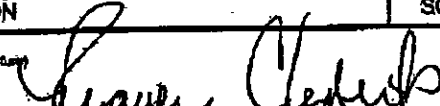
RATING

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 02/04/2009		2. CONTRACT NO. (If any) SAQMMA08D0051		6. SHIP TO: CAEX/GSD	
3. ORDER NO. SAQMMA09F0554		4. REQUISITION/REFERENCE NO. AQ 10449Q6069		9. NAME OF CONSIGNEE GENERAL SRVCS DIV (CAEX/GSD)	
5. ISSUING OFFICE (Address, telephone, telex, etc.) OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219				10. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001	
CONTACT NAME Cornelius Pitts		PHONE: 703-875-6011 EMAIL: PittsC@state.gov		11. CITY WASHINGTON	
7. TO:		8. STATE DC		12. ZIP CODE 20520	
9. NAME OF CONTRACTOR Jonathan Barker		DUNS NUMBER 144202843		13. TYPE OF ORDER	
10. COMPANY NAME STANLEY ASSOCIATES INC		11. STREET ADDRESS 3101 WILSON BLVD STE 700		<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
12. CITY ARLINGTON		13. STATE VA		14. ZIP CODE 22201-4445	
15. ACCOUNTING AND APPROPRIATION DATA 1900 - 2009 --- 49 --- 101130006 - CA - 1044 - 4220 --- 2509 --- GAR23L --- 281558 \$3,000,000.00					
16. BUSINESS CLASSIFICATION (Check appropriate box(es))					
<input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DEADWANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HAZARDOUS <input type="checkbox"/> f. EMERGENCY SMALL BUSINESS <input type="checkbox"/> g. SERVICE DISABLED VETERAN-OWNED					
17. PLACE OF					
18. INSPECTION		19. ACCEPTANCE		20. DELIVER TO (C/LB: POINT ON OR BEFORE (Date)) 01/29/2009	
21. DISCOUNT TERMS Days: 0 Days: 0 Days: 0					

17. SCHEDULE (See reverse for Rejections)

SEE LINE ITEMS SECTION

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		\$3,000,000.00	TOTAL (Cont. pages)
	21. MAIL INVOICE TO:							
	22. NAME GLOBAL FIN. SVCS (RM/GFS/ADG/FM) CHARLESTON, SOUTH						\$3,000,000.00	TOTAL GRAND TOTAL
	23. STREET ADDRESS (If any) PO BOX 150008; Fax To: 1-866-483-3438 OFFICE OF CLAIMS (RM/GFS/F/C)							
24. CITY CHARLESTON		25. STATE SC		26. ZIP CODE 29415-5008				
27. UNITED STATES OF AMERICA BY (Signature) 						28. NAME (Typed) Reaver Clements TITLE: CONTRACTING/ORDERING OFFICER		

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA/FAR 48 CFR 53.213(b)UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA08F0554	Title: Task 2 National Passport Center		Total Funding: \$3,000,000.00	Date of Order: 02/04/2009
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$3,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for TASK 2 as follows: Refer to SAQMMA08F4236 through Mode M003.					
001	Base Year funding for Passport Services Domestic Support Contract No. SAQMMA08D0051, period of performance through March 19, 2009 for TASK 2 - for the National Passport Center Operational Support, CLIN No. 0002 Dep Ref No: 1044905069 Taxes Included: Delivery Date: 01/29/2009 Funding Information: Accounting Ref: 1044905089 \$3,000,000.00 FOB: Destination		1.00	LT	\$3,000,000.00	\$3,000,000.00
	GTM for this effort: Tyrone Shelton COR: Eric Fisher					
Grand Total:						\$3,000,000.00

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AC-1044905066-01292009091231654/Request 4 NPC Stanley.pdf	01/29/2009	0
2	AC-1044905066-01292009091237466/Stanley Quotes.pdf	01/29/2009	0

01INV DEPARTMENT OF STATE INVOICE INSTRUCTIONS

10/30/2008

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server; toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

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- (1) Name and Address of the Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information (see below instructions) The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)

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Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Director's Secretary Voice 843-202-3761

Fax 843-746-0749

Official Office Hours: 8:00 am – 5:00 pm

To request Payment Status on a Past Due Invoice contact:

Office of Claims Customer Service

Email: commercialclaims@state.gov

Phone: 877-704-9473 Toll Free

Person to Contact: Supervisor, Vendor Claims

Email: GFS-ChiefVC@state.gov

Phone: 843-202-3881

(End of clause)